

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/510335

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		4		/			56						
7		4		/			57						
8		(1)		/			58						
9		(1)		/			59						
10		(1)		/			60						
11		(1)		/			61						
12		(1)		/			62						
13		(1)		/			63						
14		(1)		/			64						
15		(1)		/			65						
16		(1)		/			66						
17		(1)		/			67						
18		(1)		/			68						
19		(1)		/			69						
20		(1)		/			70						
21							71						
22							72						
23							73						
24							74						
25							75						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	14	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			80				TOTAL CLAIMS						